

**City of Newton
Office for Volunteer Services**

VOLUNTEER APPLICATION

Please complete and return this form to the OVS office.

10/07

PLEASE PRINT:

NAME (Date-of-Birth, Age, or Age Range) GENDER
STREET CITY ZIP
PHONE (with area code) EMAIL ADDRESS (print clearly!)

Do You WORK? (Yes: ____) **Retired?** (Yes: ____)

PLACE of Work and Title (or former work you did)

Work Phone (with area code)

OR

Are You A STUDENT? (Yes: ____)

Name of School or college?

Grade level

WHAT ABOUT YOU ?

I am available to volunteer: ____ WEEKLY ____ MONTHLY ____ On a ONE-TIME PROJECT

I prefer to volunteer on: ____ WEEKDAYS ____ EVENINGS ____ WEEKENDS

Have you ever volunteered before? ____ YES ____ NO

IF YES, please describe briefly what you did and for what organizations: _____

Do you have specific skills or strengths that you are willing to share? Describe: _____

Do you have any limitations that we should be aware of? _____

WHAT ARE YOUR INTERESTS? What would you like to do? (Examples: helping elderly, disabled, or youth; gardening, plantings; tutoring or ESL; environment; health care; & so much more! Describe: _____

How did you hear about the Office for Volunteer Services? _____

____ I have a copy of the current Volunteer Opportunities Listing.

____ Please send me a copy of the current Volunteer Opportunities Listing.

____ Yes, I may be interested in organizing &/or leading a team of volunteers from my work or school to participate in NewtonSERVES, a Day of Community Service, held annually in April. (Must be age 16 & up.)

☐ I realize that some agencies to which I may be referred require their own application and a background criminal check.

Your Signature: _____ Date of Application: _____

**Please return to: Beverly Droz, Director, OFFICE for VOLUNTEER SERVICES
Newton City Hall, Room 10A, 1000 Commonwealth Ave. Newton MA 02459
If you have any questions, call 617-796-1290 or Email bdroz@newtonma.gov**